

Carrying A Burden
Specialty

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/806653

APPLICANT NO.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5	1		1			
6	1		1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	12		12			
TOTAL CLAIMS	15		15			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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